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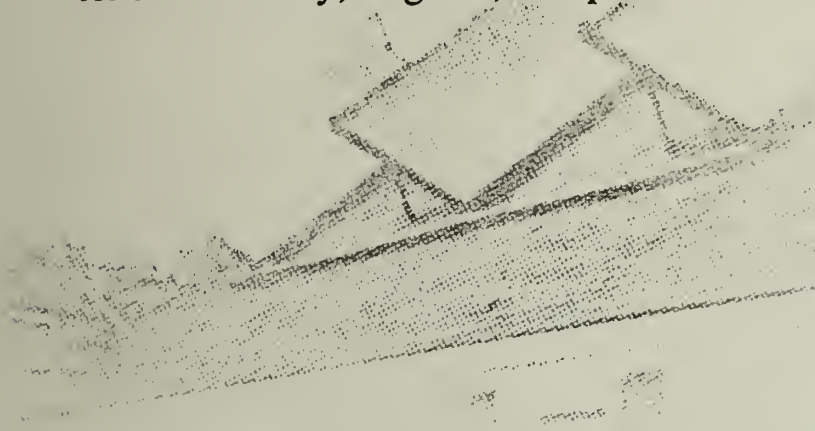
**Stigma** (stig'mə) *n.*, **1.** *Archaic* . A mark burned into the skin of a criminal or slave; brand. **2.** A mark or token of infamy, disgrace, or reproach.



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# STIGMA

**Massachusetts Department of Mental Health**
**Edward M. Murphy, Commissioner**

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## *I. The Problem.....A lesson in prejudice*

*In the fall of 1983, the Secretary of the Interior of the United States refers to a person with a physical disability as a "cripple" ..... Several days later, the public outrage at this remark forces his resignation.*

*In the spring of 1987, referring to an issue facing the City Council, a Councilor in a small Massachusetts city warns: "There's a nigger in the woodpile" ..... The Councilor immediately apologizes, but nevertheless, in the weeks that follow, the newspapers are filled with angry letters and editorials, demanding that the Councilor resign.*

*In the summer of 1987, a noted columnist in a major Boston newspaper refers to persons with mental illness as "nut cases" and to facilities which provide psychiatric care to those persons as "funny farms" ..... In the days and weeks that follow there is no reaction, no public outrage, no letters, no apology, no retraction.*

*The similarities and differences in these three situations are striking. In each case, an influential person, a person with the power to shape public attitudes, has made a careless, off-the-cuff remark. Each may have been a misguided attempt to be clever, an attempt to make a point or simply a case of outdated jargon. In each case, the target of the remark was a group of individuals who have been negatively perceived by our culture, who have been stigmatized due to the color of their skin, or a mental or physical disability. The difference, of course, is in the public reaction to each remark.*

*The lesson of these incidents is clear. It is not socially acceptable to ridicule racial minorities or persons with physical disabilities. Persons who make such remarks do so at great personal and professional risk. However, the equally clear message of these three situations is that people with mental illness are still fair game.*

*Negative attitudes and pejorative remarks are only the surface of the problem of the stigma of mental illness. Societal stigma manifests itself in far more tangible and damaging forms.*

*The symbol, and to a large extent the measure, of society's view of mentally ill people have become the efforts of mental health agencies to site community residences. In many ways, both the symbolism and the measure are appropriate. Surely no mental health system can provide for the successful re-entry of people into the community if it does not even have the capability to let them live there. The development of a network of community housing for people with mental illness is rightly considered to be the threshold test of any mental health system.*

*Yet, there is a tendency for mental health professionals to declare victory as soon as clients are able to move into a new community residence. Crediting themselves with successful siting, organizational attention is likely to move on to other projects.*

*A community residence was successfully sited by the Department in the city of Springfield. Eight people with serious mental illness call that residence their home. Outside their kitchen window, a neighbor has placed two signs on his lawn to face their window. The first sign reads*

> ***"Caution***
> ***Disturbed People***
> ***in Area"***

*The second sign, miles from any sanitary landfill, reads*

> ***"No Dumping"***

*Unfortunately, the Department of Mental Health cannot legally compel the neighbors to remove these signs. Only a changed, and perhaps enraged, public opinion can do so.*

*The terminology of the mental health profession has evolved to the point where it emphasizes the importance of developing the capacity for clients "to access services" within the community. The implication inherent in the terminology is that needed services are to be found through public agencies or non-profit social service corporations. Yet, in reality, the most critical community services needed by people with mental illness are the same mundane services needed by everyone else. Can I go to the corner drugstore for a newspaper or soda without fear of being accosted? Can I eat in a local restaurant without drawing attention? Can I work in the yard of my house without neighborhood mothers calling the children in from play? Can I get a job?*

*In spite of modest educational efforts, the attitude of the general public has remained predictable. People with mental illness are still not being hired, despite their capabilities and a labor shortage in Massachusetts. In public settings, people with mental illness are all too frequently the subject of harassment and ridicule. Among too many families, mental illness is still felt to be a cause of shame. Too many families have stopped inviting friends to the house, or have ceased all mention of one of their children to persons outside the family, or sit quietly while an ignorant co-worker makes a crude joke about "nutcases."*

## *II. The Challenge Quality Treatment IN the Communityand BY the Community*

*In light of societal attitudes, it seems naive to believe that simply moving a bed from a hospital ward high on a hill to a four-person apartment on Main Street will result in appropriate community treatment of mental illness. Rather, the concept of appropriate community treatment must be expanded to include not only the provision of mental health services IN the community, but also the dignified treatment of persons with mental illness BY the community.*

*The Department's campaign to eliminate stigma is the missing link that can create a climate in which quality treatment in the community can occur. This campaign will demonstrate that people with mental illness are no more violent or disruptive than other members of the community and that they can be responsible employees. It will empower a vocal and concerned coalition of activists to speak out against prejudice. It will educate police officers, local officials, and "the man on the street" about the facts of mental illness. And finally, it will prove that the fears of "not in my backyard" are unwarranted and unjust.*

*On the brink of opportunity*

*The timing of this campaign is critical. Improved public acceptance of community residences in the coming months is a vital outcome of our campaign. Indeed, without an imminent change in public attitudes, millions of dollars for community housing are at risk.*

*In 1985, Governor Dukakis and the Massachusetts Legislature announced a five year plan to revitalize mental health services for residents of Massachusetts. The cornerstone of that plan is the allocation of over 70 million dollars for the purpose of dramatically increasing community housing opportunities across the state. The new housing is funded with resources provided by the Governor's Special Message on Mental Health and The Capital Outlay Act of 1987. If the Department is able to successfully buy, build, or renovate the amount of community housing funded by these initiatives by 1992, an additional 3400 units of housing will be available for persons with mental illness across the state.*

*The Department's commitment is to spend these funds as they were intended - to build permanent housing for people with mental illness in the cul-de-sacs, suburban neighborhoods, city blocks, and small towns across the state. However, overcrowding in our hospital wards and homelessness on our city streets are very real pressures, and the land and buildings on state hospital campuses represent a last resort pressure valve for the Department. Community opposition consumes valuable time and resources. Sadly, if community opposition persists, the funds provided by the legislature to the Department of Mental Health for community housing may*

*either go unspent, or may, by default, be used to build long-term residences on the campuses of our state hospitals for clients who are capable of living in the community.*

*We can and must do better than that.*

## *III. The Plan.....Twenty years of evolution....in two*

*The Strategy*

*The key to our Anti-Stigma Campaign lies in the understanding that isolated initiatives aimed at changing public opinion, while important, are not sufficient. What is needed is in fact Campaign; organized, concerted and broadly based. We intend to adopt the strategies and tactics that have been proven effective throughout American history in achieving social and political change. Our campaign is therefore based on two strategic objectives:*

*EDUCATION*

*One must struggle to think of a field of human knowledge, other than mental illness, which touches as many lives and yet is so little understood by the general public. Our first objective, then, must be to educate the general public concerning the facts versus the myths about mental illness. This educational process will take place in the schools, churches, workplaces, and community meetings of Massachusetts. It will also be brought into the homes of Massachusetts through newspapers, radio, and television.*

*But education alone will not be enough. The most effective presentation of the facts about mental illness to a community meeting will be valueless if, immediately following the presentation, a respected local official closes the meeting by making a joke about mental illness. The effects of a positive editorial can be destroyed by*

*the publication of a cartoon about schizophrenics or references to "nut cases" by a columnist. The second strategic objective of our campaign is therefore confrontation.*

## *CONFRONTATION*

*There is still a minority of people in this country who don't believe in the equality and rights of racial minorities and who delight in allegedly humorous jokes about them. But these same people know that if they spout their bigotry in public they will, like the former Secretary of the Interior and the Marlboro City Councilman, be confronted by an enraged public. With infrequent exception, these people therefore keep their misguided ideas to themselves. The absence of such irrational outbursts from the public debate makes possible a process of meaningful education.*

*The use of confrontation to change behavior has played an important part in the history of the United States. From the Boston Tea Party in the 1770's, to the Women's Suffrage movement of the late nineteenth and early twentieth centuries, to the Civil Rights Movement of the 1950's and 60's, confrontation has often been used to bring about wide-scale change in society. These movements were successful, not because they merely attempted to educate the public, but because they actively set out to show that the status quo would no longer be accepted. This campaign will do the same.*

*Together, Department employees, members of supporting organizations, and a cadre of volunteers will become educated and empowered to carry our message to our target audiences. This campaign will not risk preaching only to the converted. Rather, the message of this campaign will be spoken at Beacon Hill cocktail parties, in Fall River newspapers, on Lawrence assembly lines, in Worcester churches, in Springfield boardrooms, and in classrooms from Boston to Pittsfield.*

*There is a body of knowledge in the advertising community that the key to a successful campaign is to clearly identify the target audiences and tailor the presentation specifically to those audiences.*

*We intend to do the same. Our campaign will be structured and directed toward ten groups. Much of the material developed for this campaign will be useful for several groups; however, the particular mix of techniques will be different for each. The ten target audiences, along with a brief rationale for their inclusion, are listed below:*

*Consumers: Perhaps the most important group of individuals who need to hear that mental illness need not be a cause for shame is the group that is most affected by mental illness. Just as the first audience of the civil rights movement was Black Americans, and the feminist movement first spoke to women, people with mental illness will be a first priority of this campaign.*

*Families: Family members of people with mental illness are potentially our greatest resource in the Campaign. Several family and consumer groups have been working for years to dispel myths about mental illness and to advocate for change in mental health policy and services. However, in many cases, family members have been speaking out only to each other and to the mental health community. Although this is an essential first step, it is also important that they speak out at community meetings, to the press, at work, or at social gatherings.*

*Potential Abutters: These are the individuals who, to a large extent, determine what day-to-day life is like for people with mental illness. This campaign will help them to understand that people with mental illness are the neighbors they grew up with, the children of their friends and co- workers. This group represents the greatest challenge of our campaign and is therefore the group to which we will devote the greatest effort.*

*Business Community/Organized Labor: The business community and organized labor groups will be targeted with the message that hiring people with mental illness is good business. Campaign materials will illustrate the*

*waste of talent, experience, energy, and enthusiasm that is occurring because employers underestimate the abilities of people with mental illness. Given the current labor shortage in Massachusetts, there may never be a better time than now to appeal successfully to these groups.*

*Law Enforcement: The law enforcement community interacts with the Department's clients on a regular basis, and its understanding of mental illness is critical to improving our clients' quality of life.*

*Mental Health Community: All too often, members of the mental health community, including professionals, advocates, and DMH employees, are part of the stigma problem, rather than the solution.*

*Media: The media shape images for the public every day. Their choice of words, story lines, and emphasis can all contribute to the perpetuation or to the demise of stigma.*

*Legislators/Local Officials: These groups are particularly critical to the success of our housing agenda. They determine zoning requirements, pass laws, appropriate funds, and are among the most visible of opinion leaders.*

*General Public: These are the voters as well as the potential neighbors and friends of people with mental illness.*

*Schools: A campaign which seeks to reshape public opinion cannot ignore the fact that tomorrow's opinions are being shaped today, in classrooms across the Commonwealth.*

## *The Campaign Organization*

### *EXECUTIVE COMMITTEE*

*The executive function of this campaign will be performed by an Executive Committee comprised of not more than five people appointed by the Commissioner. The Executive Committee will be chaired by the Assistant Commissioner for Community Relations, who reports directly to the Commissioner, and will include the*

*Assistant Commissioner for Community Programs and Operations and the Director of the Metropolitan Boston District. Two seats on the Council will be reserved for representatives of the major mental health advocacy organizations.*

## *CAMPAIGN COUNCILS*

*The coalition of supporting organizations will be organized into two geographically-based Councils. The first and largest Council will consist of opinion leaders from the middle and eastern portions of the state. This area comprises a single major media market, and major business, social, political, labor, and religious organizations affecting the area tend to be located in or near Boston. The second Council will be based in the western portion of the state and will be coterminous with the Department's Region One. The decision to create a separate Council for the western portion of the state and to base it in Springfield reflects a variety of considerations:*

**The western region is the only DMH region in which deinstitutionalization and communitization have been driven by consent decree;*

**Business, social, labor and religious organizations serving this area tend to be based in Springfield; and*

**An active committee of political, governmental and advocacy groups which can provide the foundation for an expanded Council for each of the campaign's target audiences already exists in the Springfield area.*

*The Campaign is designed to be broadly directed by the Councils. Because the Department believes that a successful campaign must be a grassroots campaign, the Council will draw up the Campaign agenda, schedule events, decide upon necessary materials, and articulate their yearly objectives. DMH staff will provide organizational support to each of the campaign efforts, and the Department will ultimately be responsible for the successful implementation of the plan.*

*The Resources*

*The Department's commitment to the Campaign is demonstrated by the resources it is allocating. DMH will utilize both staff and funds from several of its divisions, including Community Relations, Community Planning and Operations, and the Commissioner's Office. The Department has allocated close to $100,000 in operating funds, plus the equivalent of over $100,000 in annual staff time to this project. In addition, the Department is seeking funding from other sources, including private foundations and private industry. If foundation support is obtained, additional staff will join our campaign in the Department's regional field offices, as well as in the Community Relations Office at Central Office.*

*The Department is committed to using every available resource to operate this Campaign. This plan describes our ideal campaign if our funding goals are achieved.*

## *IV. The Team*

*The Leadership*

*The Department has already assembled a formidable team intent on making this plan work. As word of the Campaign has grown, the interest and commitment of people outside the Department has continued to increase.*

*This Anti-Stigma Campaign began with our realization that public opinion is a product of the opinions and attitudes of a number of key agents in our society. A few hours in front of a television illustrates who these individuals are in American society. Government officials, religious leaders, corporate executives, union leaders, media personalities, and law enforcement officials, each play a role in shaping the attitudes of "the man on the street." In addition, and in particular as regards mental illness, other opinion leaders include educators, health care providers, mental health care providers, and families.*

*Key representatives of the following groups already committed to join us in this campaign:*

| *PARTICIPATING ORGANIZATIONS* | *TITLE OF INDIVIDUAL* |
|---|---|
| *Empowerment Sponsoring Committee of Massachusetts* | *No Formal Title* |
| *Alliance for the Mentally Ill of MA Inc.* | *President* |
| *Mass. Assoc. of Mental Health* | *Executive Director* |
| *Associated Industries of Mass.* | *President* |
| *Mass. Municipal Association* | *Executive Director* |
| *Mass. Psychological Assoc.* | *President* |
| *Mass. Assoc. of Chiefs of Police* | *Executive Director* |
| *Mass. Hospital Association* | *President* |
| *WBZ-TV 4, Boston - NBC Affiliate* | *Public Affairs Director* |
| *Mass. Teachers Assoc.* | *President* |
| *Mass. Assoc. of School Committees* | *Executive Director* |
| *Federal Bureau of Investigation, Boston Office* | *Special Agent in Charge* |
| *Mass. Assoc. of Older Americans* | *Chairperson* |
| *Mass. Psychiatric Association* | *President* |
| *Center for Public Representation* | *Director* |
| *Mass. Council of Human Service Providers, Inc.* | *Executive Director* |
| *International Assoc. of Psychosocial Rehabilitation Services* | *President* |
| *Diocese of Fall River* | *Executive Director* |
| *Mass. Law Reform Institute* | *Director* |
| *American Federation of State, County and Municipal Employees AFL-CIO, Cncl 93* | *Executive Director* |
| *Mental Health Legal Advisors Committee* | *Executive Director* |
| *Service Employees International Union AFL-CIO Local 509* | *President* |
| *Mental Health Corporation of Mass. Inc.* | *Executive Director* |

| | |
|---|---|
| *Mass. Nurses Association* | *Executive Director* |
| *Boston University Center for Psychiatric Rehabilitation* | *Executive Director* |
| *National Association of Government Employees* | *President* |
| *Boston University, College of Communications* | *Dean* |
| *Mass. Human Rights Advisory Committee* | *Chairman* |
| *Mass. Coalition for Citizens with Disabilites* | *Executive Director* |
| *Diocese of Springfield* | *Bishop* |
| *Holyoke Community Savings Bank* | *President* |
| *Second Congregational Church of Holyoke* | *Minister* |
| *Junior League of Holyoke* | *President* |
| *United Way of Holyoke* | *Vice President, Planning* |
| *Holyoke Chamber of Commerce* | *Past President* |
| *Ampad Corporation* | *Past President* |
| *Holyoke Hospital* | *President* |
| *WGGB-TV, Springfield* | *Program Director* |
| *Baybank Valley Trust Co.* | *President* |
| *Springfield Union-News* | *Publisher* |
| *Housing Allowance Project Inc.* | *Executive Director* |
| *City of Springfield* | *Mayor* |
| *Hampshire County* | *County Commissioner* |
| *Hampshire County Human Services Dept.* | *Coordinator* |
| *Springfield Chamber of Commerce* | *Executive Director* |
| *Executive Office of Administrative and Finance* | *Undersecretary* |
| *Executive Office of Human Services* | *Secretary* |
| *Executive Office of Communities and Development* | *Secretary* |
| *Commonwealth of Massachusetts* | *Governor* |

*Every campaign designed to affect political or social views sets out to obtain sufficient funding to enable it to hire staff and to obtain media exposure. Yet paid campaign staff and advertising, while essential, are rarely enough to ensure success. The indispensable ingredient necessary to make a campaign like this successful is the recruitment, training, and effective deployment of a cadre of volunteers. The Department intends to recruit, train, and organize a minimum of 2000 such volunteers in the coming years. These volunteers will come from all walks of life. Some will be family members of people with mental illness. Some will be businessmen. Some will be DMH employees or advocates. And some will be persons with mental illness.*

*We intend to provide eight hours of training to each volunteer, divided into two half-day sessions. The first session will focus on the facts about mental illness necessary to combat prevalent myths. This session will provide a combination of education and motivation designed to make the volunteer feel empowered to speak out. The second session will utilize techniques of public speaking and effective presentation of campaign materials. Lists of trained volunteers will then be utilized to form the basis of speakers' bureaus in each local community. These volunteers will also form the basis of a network of media watch committees across the state.*

*A series of regular meetings and events will be organized to continue recruitment, ensure retention, and increase motivation of this volunteer force throughout the course of this Campaign.*

*These volunteers are the people who will spread the message of this campaign, face to face, in speeches to Rotary Clubs, in classrooms, in the workplace, at social gatherings, in casual encounters with local editors, and at community siting meetings.*

***The Tools***

*The team of Council members, Department employees, campaign staff, and volunteers will need a variety of communication tools to effectively present the Anti-Stigma message.*

*Posters, bumper stickers, and buttons will be the first materials produced. These materials can be produced quickly and inexpensively. It is on such small things that campaign identity and initial recruitment are, in part, based. However, most people will not change their attitudes or behavior on the basis of buttons or posters. Professionally made videotapes produced for a variety of audiences; curricula designed to help teachers lead lessons for school children; press packets with relevant information on mental illness; public service announcements for radio and television; and slide shows, brochures, and pamphlets tailored to the needs of various audiences will all be necessary components of the campaign.*

*We recognize that the quality of materials that are produced will affect the exposure and the reception that they receive. We also recognize that the quality of campaign materials will reflect the seriousness of the campaign itself. For these reasons, the materials produced for this Campaign must be of professional quality, whether they are produced in-house, by contract, or on a pro bono basis by private printing or advertising firms or associations.*

***The Tactics***

*The organizations, individuals, and financial resources brought together by the Department of Mental Health will be applied to develop and implement specific tactics for each target audience. Major decisions will need to be processed through the Campaign Councils, both to ensure that we have the benefit of their vast pool of expertise and to establish and maintain a sense of commitment to and involvement in the campaign.*

*We do anticipate, however, that the campaign will include certain key components, samples of which are highlighted below:*

## *CURRICULUM DEVELOPMENT*

*A comprehensive curriculum will be developed and marketed for use in public and private schools throughout the Commonwealth. A separate curriculum will be developed and marketed for law enforcement personnel through the state's Criminal Justice Training Council and the several unions and associations which represent police officers in Massachusetts.*

## *MEDIA WATCH COMMITTEES*

*Committees will be established in each area of the state to serve as monitors of the manner in which the electronic and print media portray people with mental illness. The Committees will be organized to respond positively to accurate portrayals and critically to portrayals which perpetuate stigma.*

## *SPEAKERS' BUREAUS*

*Both state-wide and local speakers' bureaus will be formed. Speakers will be trained and supplied with appropriate campaign materials.*

## *PUBLIC SERVICE ANNOUNCEMENTS*

*Such announcements for both radio and television will be developed and marketed extensively.*

## *HUMAN INTEREST COVERAGE...PROFILES IN COURAGE*

*We believe that there are thousands of stories about people who have struggled with mental illness which would appeal to local and network television, as well as newspapers across the state. We intend to develop written synopses of a variety of such stories and market them both as individual stories and as part of a potential series.*

## *BRIEFING SESSIONS WITH LEGISLATORS AND LOCAL OFFICIALS*

*Briefing sessions will be designed to educate state and local officials about our Campaign's goals and to regularly update them on Campaign progress so that they can be informed advocates for their constituents with mental illness.*

## *PRESENTATIONS FOR LOCAL SITING MEETINGS*

*Nowhere is the evidence of the public perception of mental illness more vivid than at local siting meetings. The Campaign will develop a protocol for these meetings along with a series of presentations which will address specific concerns of prospective DMH abutters.*

## *EMPOWERMENT AND PUBLIC SPEAKING TRAINING FOR OVER 2000 PEOPLE*

*This program will capitalize on the interest and dedication of volunteers who will receive a full day of training on mental illness, public speaking and empowerment.*

## *WORKSHOPS*

*A number of workshops will be developed to address the specific needs of the Campaign's target audiences. Workshop leaders will be drawn from the Campaign Councils and the body of trained volunteers to address members of their community or professional association.*

## *CREATION OF MEDIA EVENTS*

*Appearances by celebrities, opening of the Campaign, Proclamations by the Governor, and Anniversary celebrations of successful community sitings will be carefully planned and implemented to further promote our Campaign.*

## *AWARDS*

*The presentation of awards to volunteers and celebrities who have made a contribution to the Campaign can be an effective recruiting and retention device as well as an opportunity for media coverage.*

## *V. The Results*

*The success of the Massachusetts Campaign against stigma will be measured in small, but important ways. A columnist who previously used words like "loony bin" or "nutcases" will become conscious of the message of such words through the efforts of the media watch committees. An employer who previously may have turned away a job applicant simply because he looked "different" will learn to take the time to ascertain whether or not the applicant can do the job, and make his decision on that basis. Efforts to site housing for mentally ill persons by the DMH and other housing agencies will have eased somewhat due to a shift in community feelings about mental illness. Fear and ignorance will not have been erased, but significant strides will have been made.*

*The Anti-Stigma Campaign is about quality of life. Housing and employment are baseline measures of one's quality of life, and the majority of DMH resources are appropriately focused on providing these most basic services. However, quality of life is also affected by the way we are perceived by our culture, the way we are treated by our neighbors, and our own sense of self-esteem. This Campaign is targeted at these aspects of quality of life as well. If this Campaign succeeds in making life in the communities of Massachusetts a little easier for our clients with mental illness, then our efforts will have been worthwhile.*